



Substitute for form 1449B/PTO		<i>Complete If Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		<i>Application Number</i>	10/717,215
		<i>Filing Date</i>	November 18, 2003
		<i>First Named Inventor</i>	Gelphman, Steve
		<i>Art Unit</i>	3727
		<i>Examiner Name</i>	Unassigned
Sheet	1	of	1
		<i>Attorney Docket Number</i>	
		14572P-067410US	

U.S. PATENT DOCUMENTS+

FOREIGN PATENT DOCUMENTS

NON PATENT LITERATURE DOCUMENTS

Examiner initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature	/Tri Mai/	Date Considered	05/29/2006
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Applicant's unique citation designation number (optional).² Applicant is to place a check mark here if English language Translation is attached.

PT-SB/03A (06-03)

Substitute for form 1448A/PTO				Complete If Known	
				Application Number	10/717,215
				Filing Date	November 18, 2003
				First Named Inventor	Gelphman, Steve
				Art Unit	3727
				Examiner Name	Unassigned
Sheet	1	of	/	Attorney Docket Number	14572P-067410US

U.S. PATENT DOCUMENTS*						
Examiner Initials*	Cts No.	Document Number Number Kind Code ³ (If Known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Col Relevant Pa Fig	Lines, Where Pages or Relevant Appears
TM	AA	US-6,279,707	08-28-2001	Godshaw et al.		
	AB	US-				
	AC	US-				
	AD	US-				
	AE	US-				
	AF	US-				
	AG	US-				
	AH	US-				
	AI	US-				
	AJ	US-				
	AK	US-				
	AL	US-				
	AM	US-				
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	AO	US-				
	AP	US-				
	AQ	US-				
	AR	US-				
	AS	US-				
	AT	US-				

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cts No.*	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Pages, Col Relevant Pa Fig	Lines, Where Pages or Relevant Appears	T*
		Country Code ³	Number ⁴	Kind Code ⁵ (If Known)				
	AU							<input type="checkbox"/>
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	AY							<input type="checkbox"/>
	AZ							<input type="checkbox"/>
	BA							<input type="checkbox"/>
	BB							<input type="checkbox"/>

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